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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. A1585.0002

First Inventor Konosuke Nakada

Title LIGHT EMITTING DIODE

Express Mail Label No.

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)			
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)			
3. <input checked="" type="checkbox"/> Specification [Total Pages 22]	a. <input type="checkbox"/> Computer Readable Form (CRF)			
(preferred arrangement set forth below)				
- Descriptive title of the invention				
- Cross Reference to Related Applications				
- Statement Regarding Fed sponsored R & D				
- Reference to sequence listing, a table, or a computer program listing appendix				
- Background of the Invention				
- Brief Summary of the Invention				
- Brief Description of the Drawings (if filed)				
- Detailed Description				
- Claim(s)				
- Abstract of the Disclosure				
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 3]	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))			
5. Oath or Declaration [Total Sheets]	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney			
a. <input type="checkbox"/> Newly executed (original or copy)	11. <input type="checkbox"/> English Translation Document (if applicable)			
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations			
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	13. <input type="checkbox"/> Preliminary Amendment			
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:				
<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional			
<input type="checkbox"/> Continuation-in-part (CIP)	of prior application No.: _____			
Prior application information: Examiner _____ Art Unit: _____				
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.				
19. CORRESPONDENCE ADDRESS				
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		32172	<input checked="" type="checkbox"/> Correspondence address below	
Name	DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Edward A. Meilman			
Address	1177 Avenue of the Americas 41st Floor			
City	New York	State	NY	Zip Code 10036-2714
Country	US	Telephone	(212) 835-1400	Fax (212) 997-9880
Name (Print/Type)	Mark J. Thronson		Registration No. (Attorney/Agent)	33,082
Signature			Date	July 14, 2003

10/617732
07/14/03

07/14/03
1834 U.S. PTO

PTO/SB/17 (05-03)

Approved for use through 04/30/2003. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003, Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** **1,030.00**

Complete if Known	
Application Number	Not Yet Assigned
Filing Date	Concurrently Herewith
First Named Inventor	Konosuke Nakada
Examiner Name	Not Yet Assigned
Art Unit	N/A
Attorney Docket No.	A1585.0002

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account

Deposit Account Number **50-2215**

Deposit Account Name **Dickstein Shapiro Morin & Oshinsky LLP**

The Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	750.00
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)		(\$)		750.00	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Extra Claims	Fee from below	Fee Paid
Total Claims 5	-20** = 0.00	
Independent Claims 2	-3** = 0.00	
Multiple Dependent	280.00	280.00

Large Entity Small Entity

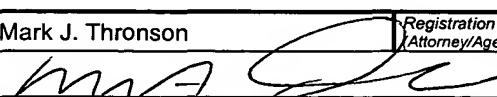
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$)		280.00

**or number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid **SUBTOTAL (3)** **(\$)** **0.00**

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Mark J. Thronson	Registration No. (Attorney/Agent)	33,082	Telephone	(212) 835-1400
Signature				Date	July 14, 2003